DEST AVALA Application Pocket Number PATENT APPLICATION FEE DETERMINATION RECORD										
Effective October 1, 2000 9, 64329										
CLAIMS AS FILED - PART (Column 1)			(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS	21	20				RATE	FEE	-	RATE	FEE
FOR	NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIM	as 20 mi	20 minus 20=		. 0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						+135=		OR	+270≃	
* If the difference in column 1 is less than zero, enter "0" in column 2					L	TOTAL	. 4. 17	OR	TOTAL	110
CLAIMS AS AMENDED - PART II						SMALL I	ENTITY	OR	OTHER SMALL	
(Column CLAIMS REMAINII AFTER	NG	(Colur HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total / * 22 Independent * 4	Minus	PAID **	DO DO	= 2	+	X\$ 9=	FEE	OR	X\$18=	76.60
Independent + (Minus	***	3	=3_		X40=		OR	X80=	252,0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=	· Si ken Ashr	OR	+270=	
*		·		*	L	TOTAL DIT. FEE			TOTAL	
(Column 1) (Column 2) (Column 3)									ADDIT. FEE	
CLAIMS REMAINII AFTER AMENDME	NG	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total *	Minus	**		=		X\$ 9=		OR	X\$18=	
Independent *	Minus					X40=	2 1 2	 OR	. X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135=		OR	+270=	
-					AD	TOTAL DIT. FEE.		OR	TOTAL ADDIT. FEE	
(Column		(Colur		(Column 3)	-					
CLAIMS REMAINII AFTER AMENDME Total Independent Total	NG	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total +	Minus	**		=		X\$ 9=	*** \$ \$ **!! \$	ÓR	X\$18=	
Independent +	Minus	***	5.01.4114	=		X40=		OR	X80=	
FIRST PRESENTATION C	PE MULITPLE DE	PENDENT	CLAIM			+135=		OR	+270=	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 						TOTAL			TOTAL	
***If the "Highest Number Previou The "Highest Number Previous	sly Paid For" IN TH	IS SPACE	is less tha	an 3, enter "3."	70	DIT. FEE	propriate box		ADDIT. FEE umn 1.	